

Form 990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2003

Open to Public
Inspection

A For the 2003 calendar year, or tax year beginning 10/01, 2003, and ending 09/30/2004

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions.	C Name of organization INTERNATIONAL REPUBLICAN INSTITUTE		D Employer identification number 52-1340267
		Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone number
		1225 EYE STREET, NW 700		(202) 408-9450
		City or town, state or country, and ZIP + 4		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) <input type="checkbox"/>
		WASHINGTON, DC 20005		

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: **HTTP://WWW.IRI.ORG/**J Organization type (check only one) ☒ 501(c) (3) (insert no) 4947(a)(1) or 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) If "Yes," enter number of affiliates ☐H(c) Are all affiliates included? (If "No," attach a list. See instructions.) ☐ Yes ☐ NoH(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ NoI Group Exemption Number ☐M Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **37,372,243.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:					
	a Direct public support	1a		872,266.		
	b Indirect public support	1b				
	c Government contributions (grants)	1c		36,480,536.		
	d Total (add lines 1a through 1c) (cash \$ 37,352,802. noncash \$)	1d		37,352,802.		
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2				
	3 Membership dues and assessments	3				
	4 Interest on savings and temporary cash investments	4		19,441.		
	5 Dividends and interest from securities	5				
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7 Other investment income (describe)	7					
Expenses	8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	b Less: cost or other basis and sales expenses	8a				
	c Gain or (loss) (attach schedule)	8b				
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c				
	9a Gross revenue (not including \$ of contributions reported on line 1a)	9a				
	b Less: direct expenses other than fundraising expenses	9b				
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
	11 Other revenue (from Part VII, line 103)	11				
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		37,372,243.		
Net Assets	13 Program services (from line 44, column (B))	13	31,615,301.			
	14 Management and general (from line 44, column (C))	14	5,149,288.			
	15 Fundraising (from line 44, column (D))	15	64,867.			
	16 Payments to affiliates (attach schedule)	16				
	17 Total expenses (add lines 16 and 44, column (A))	17	36,829,456.			
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	542,787.				
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	631,719.				
20 Other changes in net assets or fund balances (attach explanation)	20					
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,174,506.				

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>3,156,550.</u> noncash \$ _____)	22 3,156,550.	3,156,550.	STMT 1	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 591,056.	444,765.	146,291.	
26	Other salaries and wages	26 7,357,157.	5,536,199.	1,820,958.	
27	Pension plan contributions	27 497,716.	374,527.	123,189.	
28	Other employee benefits	28 1,341,244.	1,009,275.	331,969.	
29	Payroll taxes	29 679,087.	511,007.	168,080.	
30	Professional fundraising fees	30 64,867.			64,867.
31	Accounting fees	31 45,372.	13,752.	31,620.	
32	Legal fees	32 107,866.	17,768.	90,098.	
33	Supplies	33 514,526.	411,440.	103,086.	
34	Telephone	34 824,507.	743,089.	81,418.	
35	Postage and shipping	35 369,705.	350,954.	18,751.	
36	Occupancy	36 3,161,289.	1,842,797.	1,318,492.	
37	Equipment rental and maintenance . .	37 1,200,983.	1,048,098.	152,885.	
38	Printing and publications	38 894,817.	834,392.	60,425.	
39	Travel	39 4,904,712.	4,886,515.	18,197.	
40	Conferences, conventions, and meetings .	40 2,146,996.	2,139,773.	7,223.	
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule) .	42 38,301.		38,301.	
43	Other expenses not covered above (itemize) STMT 4	43a 8,932,705.	8,294,400.	638,305.	
	b _____	43b			
	c _____	43c			
	d _____	43d			
	e _____	43e			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 36,829,456.	31,615,301.	5,149,288.	64,867.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)What is the organization's primary exempt purpose? **STMT 5**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a	<u>IRI PROVIDES GRANTS TO SUPPORT THE EFFORTS OF GROUPS WHO ENCOURAGE AND FOSTER DEMOCRATIC INSTITUTIONS THROUGHOUT THE WORLD.</u> (Grants and allocations \$ 3,156,550.)	31,615,301.
b	_____ (Grants and allocations \$ _____)	
c	_____ (Grants and allocations \$ _____)	
d	_____ (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	31,615,301.

Part IV Balance Sheets (See page 25 of the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	2,268,129.	45	2,686,516.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable 47a 537,537.			
	b Less: allowance for doubtful accounts 47b	208,515.	47c	537,537.
	48a Pledges receivable 48a			
	b Less: allowance for doubtful accounts 48b		48c	
	49 Grants receivable	1,417,148.	49	2,502,304.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule) 51a			
	b Less: allowance for doubtful accounts 51b		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	456,430.	53	451,852.
	54 Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments - land, buildings, and equipment: basis 55a			
	b Less: accumulated depreciation (attach schedule) 55b		55c	
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment: basis STMT 6 . 57a 373,126.				
b Less: accumulated depreciation (attach schedule) 57b 178,109.	174,475.	57c	195,017.	
58 Other assets (describe <input type="checkbox"/> STMT 7)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	4,524,697.	59	6,373,226.	
Liabilities	60 Accounts payable and accrued expenses	1,681,595.	60	2,314,657.
	61 Grants payable	740,612.	61	914,969.
	62 Deferred revenue	1,027,866.	62	1,484,487.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> STMT 7)	442,905.	65	484,607.
66 Total liabilities (add lines 60 through 65)	3,892,978.	66	5,198,720.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	560,697.	67	1,065,167.
	68 Temporarily restricted	71,022.	68	109,339.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	631,719.	73	1,174,506.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	4,524,697.	74	6,373,226.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a Total revenue, gains, and other support per audited financial statements . . . ▶	a 37,885,883.	a Total expenses and losses per audited financial statements ▶	a 37,343,096.
b Amounts included on line a but not on line 12, Form 990		b Amounts included on line a but not on line 17, Form 990.	
(1) Net unrealized gains on investments . . \$ _____		(1) Donated services and use of facilities \$ 513,640.	
(2) Donated services and use of facilities \$ 513,640.		(2) Prior year adjustments reported on line 20, Form 990 \$ _____	
(3) Recoveries of prior year grants \$ _____		(3) Losses reported on line 20, Form 990 \$ _____	
(4) Other (specify): _____ \$ _____		(4) Other (specify): _____ \$ _____	
Add amounts on lines (1) through (4) ▶	b 513,640.	Add amounts on lines (1) through (4) . . ▶	b 513,640.
c Line a minus line b ▶	c 37,372,243.	c Line a minus line b ▶	c 36,829,456.
d Amounts included on line 12, Form 990 but not on line a:		d Amounts included on line 17, Form 990 but not on line a:	
(1) Investment expenses not included on line 6b, Form 990 . . . \$ _____		(1) Investment expenses not included on line 6b, Form 990 . . . \$ _____	
(2) Other (specify): _____ \$ _____		(2) Other (specify): _____ \$ _____	
Add amounts on lines (1) and (2) . . ▶	d	Add amounts on lines (1) and (2) . . ▶	d
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e 37,372,243.	e Total expenses per line 17, Form 990 (line c plus line d) ▶	e 36,829,456.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes ☒ No
If "Yes," attach schedule - see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . .	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78 a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78 b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80 a	X
b If "Yes," enter the name of the organization: _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a Enter direct and indirect political expenditures. See line 81 instructions. 81 a NONE		
b Did the organization file Form 1120-POL for this year?	81 b	X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82 a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82 b 513,640.		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84 a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85 a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b	N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members 85 c N/A		
d Section 162(e) lobbying and political expenditures 85 d N/A		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85 e N/A		
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85 f N/A		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	N/A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86 a N/A		
b Gross receipts, included on line 12, for public use of club facilities 86 b N/A		
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87 a N/A		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87 b N/A		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 NONE , section 4912 NONE , section 4955 NONE		
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89 b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 NONE		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization NONE		
90 a List the states with which a copy of this return is filed DISTRICT OF COLUMBIA		
b Number of employees employed in the pay period that includes March 12, 2003 (See instructions) 90 b 154		
91 The books are in care of THE ORGANIZATION Telephone no (202) 408-9450 Located at 1225 EYE STREET WASHINGTON, DC ZIP + 4 20005		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A		

Form 990 (2003)

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	19,441.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue. a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				19,441.	
105 Total (add line 104, columns (B), (D), and (E))					19,441.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

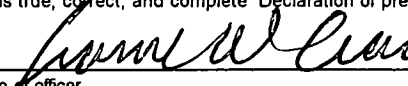

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	Yes	<input checked="" type="checkbox"/>	No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	Yes	<input checked="" type="checkbox"/>	No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return and belief, it is true, correct, and complete Declaration of preparer (other than agent) under penalty of perjury.
	Signature of officer 
Paid Preparer's Use Only	Type or print name and title LORNE W. CRANER, P
	Preparer's signature 
	Firm's name (or yours if self-employed), address, and ZIP + 4 ARONSON & COMPANY 700 KING FARM BLVD. ROCKVILLE, MD

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2003

Name of the organization

INTERNATIONAL REPUBLICAN INSTITUTE

Employer identification number

52-1340267

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>THOMAS E. GARRETT</u> 1225 EYE STREET, NW #700 WASHINGTON, DC 20005	RESIDENT PROG DIR 40	119,235.	8,087.	NONE
<u>STEPHEN B. NIX</u> 1225 EYE STREET, NW #700 WASHINGTON, DC 20005	RESIDENT PROG DIR 40	109,910.	10,991.	1,200.
<u>HANS C. HOLZEN</u> 1225 EYE STREET, NW #700 WASHINGTON, DC 20005	RESIDENT PROG DIR 40	101,116.	6,926.	NONE
<u>OWEN H. KIRBY</u> 1225 EYE STREET, NW #700 WASHINGTON, DC 20005	REGIONAL PROGRAM DIR 40	98,829.	9,467.	1,200.
<u>LAURA MOZELESKI</u> 1225 EYE STREET, NW #700	CHIEF OF STAFF 40	99,390.	6,619.	900.
Total number of other employees paid over \$50,000	57			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>WELFARE ASSOC DEV OF AFGHANISTAN</u>	CIVIC EDUC CONSULT	392,557.
<u>DILIGENCE MIDDLE EAST, LLC</u>	SECURITY	290,665.
<u>STRATEGIC MRKG & RESEARCH</u>	PUBLIC OPINION RES	119,999.
<u>GHASSAN ATIYYAH</u>	CIVIC SOCIETY ACTIV	116,448.
<u>STEPTOE & JOHNSON, LLP</u>	LEGAL	79,165.
Total number of others receiving over \$50,000 for professional services	4	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2003

JSA

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>NONE</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <u>STMT. 13</u>	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X	
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	26,984,693.	20,107,899.	14,723,400.	16,371,789.	78,187,781.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	NONE	1,298.	8,314.	13,932.	23,544.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	26,984,693.	20,109,197.	14,731,714.	16,385,721.	78,211,325.
24 Line 23 minus line 17	26,984,693.	20,109,197.	14,731,714.	16,385,721.	78,211,325.
25 Enter 1% of line 23	269,847.	201,092.	147,317.	163,857.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 1,564,227.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 78211325.
d Add: Amounts from column (e) for lines: 18 23,544. 19					26d 23,544.
22 26b					26e 78187781.
e Public support (line 26c minus line 26d total)					26f 99.9699 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2002) _____ (2001) _____ (2000) <u>NOT APPLICABLE</u> (1999) _____ b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2002) _____ (2001) _____ (2000) _____ (1999) _____ c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add: Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V**Private School Questionnaire** (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

NOT APPLICABLE

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement)	31	
32	Does the organization maintain the following.		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check ☐ a if the organization belongs to an affiliated group. Check ☐ b if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37	
38	Total lobbying expenditures (add lines 36 and 37) . . .	38	
39	Other exempt purpose expenditures . . .	39	
40	Total exempt purpose expenditures (add lines 38 and 39) . . .	40	
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . . . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41) . . .	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . .	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . .	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 11 of the instructions)

		Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total	
45	Lobbying nontaxable amount					
46	Lobbying ceiling amount (150% of line 45(e)) . .					
47	Total lobbying expenditures					
48	Grassroots nontaxable amount					
49	Grassroots ceiling amount (150% of line 48(e)) . .					
50	Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.) . . .		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h)			NONE

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No
-----	----

51a(l)		X
--------	--	---

a(II)		x
-------	--	---

--	--	--

b(1)	x
-------------	----------

b(ii)		X
-------	--	----------

b(III)		X
--------	--	---

b(1v)		X
-------	--	----------

b(v)		x
------	--	----------

b(vl)		x
--------------	--	----------

C		X
----------	--	----------

e of the

b If "Yes," complete the following schedule:

16

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
<u>GRANTS PAID</u>			
BURMA: NATIONAL LEAGUE FOR DEMOCRACY/LIBERATED AREAS-THAILAND AMPHUR MAESOD TAK 63110, MAESOD TAK, THAILAND	NONE	SUBGRANT	70,984.
BURMA: POLITICAL DEFIANCE COMMITTEE PO BOX 42 MAEHONGSON, THAILAND	NONE	SUBGRANT	192,806.
BURMA: NATIONAL LEAGUE FOR DEMOCRACY/LIBERATED AREAS - INDIA, 51 C TOP FLOOR JF III, NIKAS PURI, NEW DELHI 110018. INDIA	NONE	SUBGRANT	29,168.
ARGENTINA: CENTER FOR IMPLEMENTATION OF PUBLIC POLICIES PROMOTING EQUITY AV. CALLAO25, PISP 1 C1022AAA, BUENOS AIRES, AR	NONE	SUBGRANT	158,611.
KENYA: CITIZENS AGAINST VIOLENCE PO BOX 9156-00100 NAIROBI, KENYA	NONE	SUBGRANT	18,158.
NICARAGUA: HAGAMOS DEMOCRACIA LOMAS DE GUADALUPE 334 MANAGUA, NICARAGUA	NONE	SUBGRANT	48,627.
CUBA: CUBAN DEMOCRATIC REVOLUTIONARY DIRECTORATE 10250 SW 56TH STREET, SUITE 203-C MIAMI, FLORIDA 33165	NONE	SUBGRANT	730,157.
COTE D'IVOIRE 08 BP 1256 ABIDJAN 08, COTE D'IVOIRE	NONE	SUBGRANT	84,000.
CHINA: CHINA INSTITUTE FOR REFORM & DEVELOPMENT 57 RENMIN ROAD HAIKOU, CHINA	NONE	SUBGRANT	70,000.

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
CHINA: WORLD AND CHINA INSTITUTE 8-1-5 NANSHAGOU, SANLIHE BEIJING, CHINA	NONE	SUBGRANT	60,000.
SLOVAKIA HVEIZDOSLAVOVO NAM. 15 BRATISLAVA, SLOVAKIA	NONE	SUBGRANT	33,395.
SOUTH AFRICA: SOUTH AFRICAN INSTITUTE ON RACE RELATIONS PO BOX 31044, BRAAMFONTEIN 2017, SOUTH AFRICA	NONE	SUBGRANT	32,000.
IRAQ: PONTIS FOUNDATION GROSSLINGOVA 4 BRATISLAVA, SLOVAKIA	NONE	SUBGRANT	175,676.
CAMBODIA: CAMBODIAN CENTER FOR HUMAN RIGHTS NO. 42 ROAD 242, CHAK TOKMUK, DUAN PENH PHNOM PENH, CAMBODIA	NONE	SUBGRANT	798,438.
CAMBODIA: YOUTH COUNCIL OF CAMBODIA 5D, ST 292, SANGKAT BOENG KENG KANG II PHNOM PENH, CAMBODIA	NONE	SUBGRANT	55,470.
UKRAINE: ZHITOMIR OBLAST CENTER FOR YOUTH INIT. MALA BERDYCHIVSKA STR. 23, APT.5 ZHYTOMYR, UKRAINE	NONE	SUBGRANT	30,000.
UKRAINE: CENTER FOR POLITICAL EDUCATION 83 MEINIKOVA STR., OFFICE 611 KYIV, UKRAINE	NONE	SUBGRANT	99,997.
UKRAINE: YOUTH XXI CENTURY PREOBRAZENSKAYA STR. 14, APT 32 CHERNIHIV, UKRAINE	NONE	SUBGRANT	30,000.

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
UKRAINE: EAST UKRAINIAN DEMOCRACY DEVELOPMENT FND. MIRONOSETSKAYA STR. 93A, APT. 3 KHARKIV, UKRAINE			30,000.
VENEZUELA: HAGAMOS DEMOCRACIA AVE. VERACRUZ, LAS MERCEDES, TORRE ORINOCO, PISO 9 LOCAL 8, ZONA POSTAL 1060, CARACAS, VENEZUELA	NONE	SUBGRANT	150,300.
CHINA: DUI HUA FOUNDATION 850 POWELL STREET SAN FRANCISCO, CA	NONE	SUBGRANT	175,000.
LESS THAN \$25,000			83,763.
		TOTAL CONTRIBUTIONS PAID	----- 3,156,550. =====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----
CONTRACTUAL SERVICES	6,270,383.	5,952,461.	317,922.
CONSULTANT FEES	479,991.	479,991.	
INSURANCE	223,471.	1,100.	222,371.
MEMBERSHIP FEES	10,101.	8,081.	2,020.
SOFTWARE EXPENSE	65,082.	18,190.	46,892.
STAFF TRAINING AND MORALE	35,783.	10,684.	25,099.
BANKING FEES	99,502.	97,152.	2,350.
MISCELLANEOUS	49,665.	28,014.	21,651.
SUBCONTRACTS	1,698,727.	1,698,727.	
	-----	-----	-----
TOTALS	8,932,705.	8,294,400.	638,305.
	=====	=====	=====

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

THE INSTITUTE WAS ESTABLISHED TO ENCOURAGE FREE AND DEMOCRATIC
INSTITUTIONS THROUGHOUT THE WORLD IN COOPERATION WITH INDIGENOUS
DEMOCRATIC FORCES.

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL				ACCUMULATED DEPRECIATION DETAIL			
		BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
FIXED ASSETS	SL	9,405.			9,405.	3,396.	3,135.		6,531.
SOFTWARE	SL	98,293.			98,293.	89,046.	4,014.		93,060.
LHI	SLA	189,016.			189,016.	19,306.	19,562.		38,868.
EQUIPMENT	SL	76,412.			76,412.	28,061.	11,589.		39,650.
		-----			-----	-----			-----
TOTALS		373,126.			373,126.	139,809.			178,109.
		=====			=====	=====			=====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION

ENDING
BOOK VALUE

LONG-TERM LEASE LIABILITY

484,607.

TOTALS

484,607.
=====

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
LORNE CRANER 1225 EYE STREET NW, #700 WASHINGTON, DC 20005	PRESIDENT 40	30,000.	3,000.	200.
JUDY VAN REST 1225 EYE STREET NW, #700 WASHINGTON, DC 20005	EXECUTIVE VP 40	24,500.	2,450.	200.
GEORGES A. FAURIOL 1225 EYE STREET, NW, #700 WASHINGTON, DC 20005	VP STRATEGIC PLAN 40	125,000.	12,500.	1,200.
GEORGE FOLSOM 1225 EYE STREET, NW #700 WASHINGTON, DC 20005	PAST PRESIDENT 40	214,064.	12,223.	900.
MARGUERITE SULLIVAN 1225 EYE STREET, NW #700 WASHINGTON, DC 20005	PAST VICE PRESIDENT 40	91,367.	8,687.	900.
SENATOR JOHN MCCAIN 1225 EYE STREET, NW #700 WSAHINGTON, DC 20005	CHAIRMAN 1	NONE	NONE	NONE
MICHAEL V. KOSTIW 1225 EYE STREET, NW #700 WASHINGTON, DC 20005	VICE CHAIRMAN 1	NONE	NONE	NONE
J. WILLIAM MIDDENDORF II 1225 EYE STREET, NW #700 WASHINGTON, DC 20005	SECRETARY-TREASURER 1	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
GAHL H. BURT 1225 EYE STREET, NW #700 WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE
DAVID DREIER 1225 EYE STREET, NW #700 WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE
LAWRENCE S. EAGLEBURGER 1225 EYE STREET, NW #700 WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE
FRANK J. FAHRENKOPF, JR. 1225 EYE STREET, NW #700 WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE
ALISON B. FORTIER 1225 EYE STREET, NW #700 WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE
JAMES A GARNER 1225 EYE STREET, NW #700 WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE
SUSAN GOLDING 1225 EYE STREET, NW #700 WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE
SENATOR CHUCK HAGEL 1225 EYE STREET, NW #700 WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
CHERYL HALPERN 1225 EYE STREET, NW #700 WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE
WILLIAM J. HYBL 1225 EYE STREET, NW #700 WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE
ROBERT M. KIMMITT 1225 EYE STREET, NW #700 WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE
DR. JEANE J. KIRKPATRICK 1225 EYE STREET,, NW #700 WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE
JIM KOLBE 1225 EYE STREET, NW #700 WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE
PETER T. MADIGAN 1225 EYE STREET, NW #700 WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE
FRED MEYER 1225 EYE STREET, NW #700 WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE
JANET G. MULLINS GRISSOM 1225 EYE STREET, NW #700 WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
ALEC L. POITEVINT, II 1225 EYE STREET, NW #700 WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE
RANDY SCHEUNEMANN 1225 EYE STREET, NW #700 WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE
JOSEPH R. SCHMUCKLER CHIEF OPERATING OFFICER NOMURA HOLDINGS AMERICA, INC. 1225 EYE STREET, NW #700 WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE
BRENT SCOWCROFT PRESIDENT THE SCOWCROFT GROUP, INC. 1225 EYE STREET, NW #700 WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE
MARILYN WARE WARE FAMILY OFFICE 1225 EYE STREET, NW #700 WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE
RICHARD WILLIAMSON PARTNER MAYER, BROWN, ROWE & MAW LLP 1225 EYE STREET, NW #700 WASHINGTON, DC 20005	DIRECTOR 1	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
CELESTE E. REGAN 1225 EYE STREET, NW #700 WASHINGTON, DC 20005	CFO 40	106,125.	NONE	1,200.
	GRAND TOTALS	591,056.	38,860.	4,600.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D
=====

SEE PART V, 990

ONLY EXPENSES INCURRED THROUGH PARTICIPATION IN THE ACTIVITIES OF THE INSTITUTE, SUCH AS ATTENDANCE AT THE BOARD MEETINGS, ARE REIMBURSABLE. THE BOARD OF DIRECTORS ARE NOT COMPENSATED FOR THEIR PARTICIPATION. OUT OF POCKET EXPENSES INCURRED WHILE CONDUCTING INSTITUTE BUSINESS IS REIMBURSED.

Form **8868**
(December 2000)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note: Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization		Employer identification number
	INTERNATIONAL REPUBLICAN INSTITUTE		52-1340267
	Number, street, and room or suite no. If a P O box, see instructions		
	1225 EYE STREET, NW 700		
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	WASHINGTON, DC 20005		

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T(sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 05/16, 2005, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year _____ or
► ☒ tax year beginning 10/01, 2003, and ending 09/30, 2004.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► Craig P. [Signature] Title ► CRA Date ► 02/08/2005
For Paperwork Reduction Act Notice, see Instruction Form 8868 (12-2000)